

**SOUTH CAROLINA
STATE BUDGET AND CONTROL BOARD
OFFICE OF INSURANCE SERVICES
ACTIVE GROUP BENEFITS REFUSAL
(FOR ELIGIBLE RETIREES ONLY)**

AGENCY/SCHOOL DISTRICT _____

AGENCY/SCHOOL DISTRICT GROUP NUMBER _____

ENROLLEE NAME _____

ENROLLEE SOCIAL SECURITY NUMBER _____

MAILING ADDRESS _____

TELEPHONE NUMBER _____

CERTIFICATION:

I HAVE BEEN ADVISED OF MY ELIGIBILITY TO ENROLL IN THE STATE ACTIVE EMPLOYEE INSURANCE BENEFITS PROGRAM. I UNDERSTAND THAT IF I REFUSE TO DROP MY STATE RETIREE INSURANCE BENEFITS, I AM ALSO REFUSING BENEFITS THAT ARE OFFERED TO ME ONLY AS AN ACTIVE EMPLOYEE, INCLUDING THE \$3000 BASIC LIFE, BASIC AND SUPPLEMENTAL LONG TERM DISABILITY, DEPENDENT LIFE, OPTIONAL LIFE AND MONEYPLUS.

I ALSO UNDERSTAND THAT ENROLLMENT UNDER THE STATE ACTIVE EMPLOYEE INSURANCE BENEFITS PROGRAM WILL NOT ADVERSELY AFFECT MY ELIGIBILITY TO RETURN TO THE STATE RETIREE INSURANCE BENEFITS.

SIGNATURE: _____

DATE: _____